

**Jacqueline K. Wise  
Memorial Scholarship Fund  
INFORMATION AND GUIDELINES**

The Jacqueline K. Wise Memorial Scholarships are intended for eligible students who will be attending Cayuga Community College in Auburn, New York. Up to three scholarships are awarded annually. This is a competitive scholarship program, and the recipients will be selected by a scholarship review committee of the college.

These scholarships are made possible, in part, through contributions made by employees and retirees of Welch Allyn, Inc. to the Cayuga County Community College Foundation, Inc.

Application forms are available from the Human Resources Department of Welch Allyn and Affiliated Companies and from the Financial Aid Office at Cayuga Community College. Applicants wishing to be considered for an award are asked to fill out a Jacqueline K. Wise Memorial Scholarship Fund application and send it to:

Jacqueline K. Wise Scholarship Fund  
The Cayuga County Community College Foundation  
197 Franklin Street  
Auburn, NY 13021-3099

Candidates are reminded that they must have also completed an application to, and been accepted for, admission to Cayuga Community College.

### **DEADLINE FOR APPLICATION**

The application deadline for any academic year is May 1 of the year in which the applicant is planning to attend. Applicants will be notified of the Scholarship Committee's decision by mid-July of that same year.

### **ELIGIBILITY**

To be eligible for consideration, applicants must meet the following criteria:

1. Be the child or grandchild of a current employee or retiree of Welch Allyn, Inc. or Affiliated Company.
2. Have achieved an academic average in high school of 75 or better, or a college cumulative GPA of 2.5 or better.
3. Give evidence of having participated in extra-curricular activities and/or taken part in community service activities and/or part-time employment.
4. Have applied and been formally accepted to attend Cayuga Community College.
5. Have completed a Free Application for Federal Student Aid (FAFSA) and have submitted this report to the Financial Aid Office at Cayuga Community College.
6. Plan to attend college on a full-time basis (minimum of 12 credit hours per semester) and maintain a cumulative GPA of 2.5 or better.

**Jacqueline K. Wise**  
**Memorial Scholarship Fund**  
Scholarship Application Form

**Name (Please print)**

\_\_\_\_\_

(Last) (First) (MI)

**Permanent Home Address**

\_\_\_\_\_

(Street and No.) (City) (State) (Zip)

Telephone \_\_\_\_\_ Applicant's C number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you plan to attend Cayuga Community College through the upcoming academic year:

Fall  yes  no Spring  yes  no

Full-time  Part-time

Are you currently attending Cayuga Community College:  yes  no

If yes, indicate the field in which you are majoring: \_\_\_\_\_

Relationship of applicant to Welch Allyn or Affiliated Company employee:  Child  Grandchild

Name of applicant's parent/grandparent who is a Welch Allyn or Affiliated Company employee/retiree:

List extra-curricular activities, on and off campus, giving type of participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List honors, awards, (scholastic and other) that you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please respond to the following essay question and complete the authorizations, as indicated below:**

In a paragraph or two, explain why you feel especially qualified to be considered for the Jacqueline K. Wise Memorial Scholarship. You may take this opportunity to describe your academic goals as well as give some additional information regarding the school and community service activities in which you have been involved.

**Authorizations**

I hereby authorize the Scholarship Committee designated to select awardees for the Jacqueline K. Wise Memorial Scholarship Fund to review confidential financial information and academic records on file at Cayuga Community College in order to further determine my eligibility for an award. I understand that this information will be kept strictly confidential by the Committee.

Signature of Applicant

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I certify that all of the information I have provided is, to my knowledge, accurate and true.

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Signature of Applicant

Date

**PLEASE NOTE: ALL APPLICANTS MUST HAVE COMPLETED THE FORM FOR THE UPCOMING ACADEMIC YEAR AND HAVE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) REPORT ON FILE AT THE FINANCIAL AID OFFICE OF CAYUGA COMMUNITY COLLEGE.**

**THIS SCHOLARSHIP APPLICATION MUST BE CERTIFIED BY SIGNATURE AND DATE BELOW BY THE HUMAN RESOURCES DEPARTMENT AT WELCH ALLYN OR AFFILIATED COMPANY, ATTESTING TO THE FACT THAT THE APPLICANT IS EITHER THE CHILD OR THE GRANDCHILD OF A CURRENT EMPLOYEE OR RETIREE OF WELCH ALLYN OR AFFILIATED COMPANY.**

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Signature of Human Resources Manager

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Date of Certification

**Please mail the completed Scholarship Application Form by May 1 to:**

**Jacqueline K. Wise Scholarship Fund  
The Cayuga County Community College Foundation  
197 Franklin Street  
Auburn, NY 13021-3099**